55475143

AVIVA LIFE INSURANCE COMPANY
108 Myrtle Street, Quincy, MA 02171

POLICY NUMBER
0455475143
DATE RECEIVED
5 / 9 / 03

APPLICATION for a SINGLE PREMIUM STRUCTURED SETTLEMENT ANNUITY

on the Life of Daniel Porter

SOCIAL SECURITY NUMBER:

1.) Home Address: 3208 S. 2nd Street (Street & No.) White Hall, PA (City, State) 18052 (Zip) Tel No.

2.) Business Address: Street & No. City State Zip Tel No.

3.) Sex: [X] MALE [ ] FEMALE Birthdate 0 Age Nearest Birthday_____ Birthplace(State)_____

4.) Source from which date of birth is obtained (SEND A LEGIBLE PHOTOCOPY OF SOURCE):
[X] Birth Certificate [ ] Drivers License [ ] Passport [ ] Other_____

5.) Beneficiary(ies) Elizabeth Porter Birthdate_____ Age_____
(use special request section for additional beneficiaries)

Relationship Wife Social Security Number:

6a.) Name of Owner: Aviva Assignment Corporation

6b.) Address Street & No. City State Zip

7a.) Initial Income to Annuitant: $ 555.08

7b.) Income payments are to be made:
[ ] Monthly [X] Quarterly [ ] Semi-Annually [ ] Annually
Note: Income payments unless otherwise agreed upon, begin one modal period after receipt of premium.
(e.g. annual income will start one year from premium receipt.)

7c.) Income payments are to be made/sent to:
[ ] Annuitant [ ] Bank _____ Bank Account No._____
(We require a voided preprinted deposit slip or check for this type of payment)

Bank Address_____

8.) Income Commencement Date: 07/02/2004

9.) Annuity Plan: SEE BACK

(A) Single Premium Immediate Annuity
- [ ] Lifetime Only (No Certain period, no beneficiary) [ ] Increasing _____%
- [ ] _____ Year's Certain Only (No Lifetime Contingencies) [ ] Increasing _____%
- [ ] _____ Years Certain and Life [ ] Increasing _____%
- [ ] Installment Refund
- [ ] Joint with ____% to [ ] Either Survivor ____% Male Survivor ____% Female Survivor

(B) Single Premium Deferred Annuity
- [ ] Single Premium Deferred Life Annuity with _____ Years Certain
- [ ] Single Premium Deferred Annuity (e.g. Lumpsum(s))

Amount $	Date	Amount $	Date

(C) Other_____

10.) Annuitant/Owners Special Requests

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valuable consideration (circle if applicable)

11.) Amount Paid $____________________

12.) Executive Office Additions or Corrections

IT IS UNDERSTOOD AND AGREED: (1) that all answers to the questions above to the best of my knowledge and belief are complete and true; (2) that all answers to such questions, together with this agreement shall form the basis and become a part of any contract issued hereunder; (3) that except as otherwise provided in the attached receipt, the annuity hereunder applied for shall not take effect until a contract therefore is delivered to the owner and the premium is paid; (4) that the proposed annuitant shall be the Applicant unless some other person or firm shall sign as Applicant; (5) that the owner of any contract issued hereunder shall be the Applicant unless otherwise agreed; (6) that Ownership shall be exercised as provided in any such contract; (7) that acceptance of any contract issued on this application will constitute a ratification of any correction in or addition to this application by the Company. However, no change shall be made as to amount, age at issue, classification, form of annuity or benefits unless agreed to in writing.

Dated at ____________________
City/Town State

Witness__________ Date______ __________ Proposed Annuitant

Witness__________ Date______ __________ Owner

Agent's Name Joyce E. Gray

Date 5/2/2003 Signature of Agent __________

Agent's Company Diversified Settlements, Inc.

Agent's Telephone Number 800-245-5717

Agent's Code 48A96

License ID Number__________

Schedule of Benefits:

Payee: Daniel Porter

$555.08, Quarterly, beginning 07/02/2004 for a period certain of 13 years; and,

$275.00, Monthly, for life, beginning 07/02/2017 with 12 years guaranteed.